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Bib Data Sheet

CONFIRMATION NO. 5843

SERIAL NUMBER 10/038,567	FILING DATE 01/03/2002 RULE	CLASS 704	GROUP ART UNIT 2644 <i>26SS</i>	ATTORNEY DOCKET NO. 920070.408												
<b>APPLICANTS</b> Peter E. Nielsen, Gig Harbor, WA; Brook A. Thomson, Lakewood, WA;																
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/261,151 01/16/2001																
<b>** FOREIGN APPLICATIONS *****</b>																
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 02/07/2002																
<table border="1"> <tr> <td>Foreign Priority claimed</td> <td><input type="checkbox"/> yes</td> <td><input checked="" type="checkbox"/> no</td> </tr> <tr> <td>35 USC 119 (a-d) conditions met</td> <td><input type="checkbox"/> yes</td> <td><input checked="" type="checkbox"/> no</td> </tr> <tr> <td>Verified and Acknowledged</td> <td><i>MM</i></td> <td><i>11/17/01</i></td> </tr> <tr> <td>Examiner's Signature</td> <td><i>MM</i></td> <td>Initials</td> </tr> </table>					Foreign Priority claimed	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	Verified and Acknowledged	<i>MM</i>	<i>11/17/01</i>	Examiner's Signature	<i>MM</i>	Initials
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Examiner's Signature	<i>MM</i>	Initials														
<b>ADDRESS</b> <i>#5 30465-27370</i>																
<b>TITLE</b> Standardized inpatient-outpatient nomenclatures and accepting both outpatient and inpatient data to commonly accessible storage																
FILING FEE RECEIVED 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit												